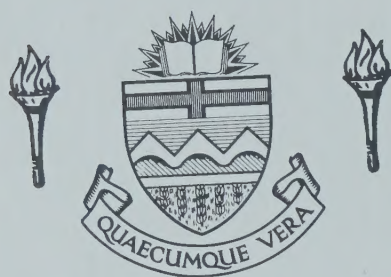


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"CHANGES IN SELF DISCLOSURE AND EMPATHY
OF PSYCHIATRIC NURSES THROUGH
HUMAN RELATIONS TRAINING"

BY




HENDRIK W. A. VAN'T HOENDERDAAL MATEJKA

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
THE DEGREE OF MASTER OF EDUCATION
DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

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The University of Alberta

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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies for acceptance, a thesis entitled "Changes In Self Disclosure and Empathy of Psychiatric Nurses Through Human Relations Training," submitted by Hendrik W. A. Van't Hoenderdaal Matejka in partial fulfillment of the requirements for the degree of Masters of Education.

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ABSTRACT

The purpose of this study was to explore the relationship between an individual's degree of self disclosure, as measured by Jourard's (1969) Self Disclosure Questionnaire, and his ability to empathize accurately, as measured by Truax's (1966) Relationship Questionnaire, using only the items indicating levels of empathy. An additional purpose was to explore the usefulness of incorporating human relations training into a nursing curriculum as an effective method of developing valuable interpersonal competencies of self disclosure (openness) and empathy in the nurse.

Questionnaires were administered to a total of sixty-four nursing students; thirty-six experimental subjects and twenty-eight control group subjects. This procedure was carried out prior to and following human relations training for the treatment group. An identical pre- and post-test procedure was used for the control group which received no training. The degree of self disclosure, empathy and the relationship was determined.

Significant shifts in self disclosure and subject's empathy as perceived by clients were found as a result of human relations training. It was also found that the two measures of self disclosure were related to each other in both the pre- and post-test. However, the pre-test correlations do not show self disclosure related to empathy. In addition, the post-test correlations do not demonstrate statistical evidence that either test measures of self disclosure correlate significantly with empathy.

Methodological weaknesses inherent in the research design were discussed as possible for the apparent failure to predict parallel change in self disclosure and empathy as a result of human relations training. Implications for theory, research and practice were also discussed. The writer concluded that the Jourard (1969) Self Disclosure Questionnaire and the Truax (1969) Relationship Questionnaire measure a construct called Interpersonal Communication.

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CHAPTER I

INTRODUCTION

In a statement of policy, the American Personnel and Guidance Association (1964) emphasized the desirability of counselor training programs being designed to assist the growth of the whole individual. Cognitive learning, in such areas as personality theory, research design, and counselling techniques, while important and necessary, is not in itself sufficient, knowledge of one's attitude and values. The skills with which one relates personally are also important variables, and probably the most important to nurse counselor effectiveness.

This belief was strongly supported by Rogers (1965) after reviewing recent research on conditions which facilitate psychological growth:

. . . we are making progress in understanding the nature of this therapeutic relationship. . . . the essential elements appear not to be technical knowledge nor ideological sophistication, but personal human qualities--something the therapist experiences, not something he knows attitudes of realness, genuine liking, of sensitive empathy, help to create a climate which produces constructive personal growth and change (p. 107).

An intricate human quality that appears to be essential for productive counselling (psychiatric nursing) is empathy. According to the American Personnel and Guidance Association (1964), the ability of the counselor to empathize with his ¹ client is

1. In the interest of grammatical simplicity the masculine universal gender has been used throughout the paper; and is intended to refer to both male and female nurses.

a primary requisite of counselor competence. This contention is supported in a series of research findings reported by Truax (1966), who concluded:

The positive relationship between accurate empathy and outcome of therapy holds for both hospitalized schizophrenics and out-patients seen counselling. An analysis of the distribution of the ratings of accurate empathy indicated that the failure cases were typified by frequent low moderate levels of accurate empathy successful cases received fewer moments of superficial understanding from their therapists, while failure cases received far fewer moments of deeply empathic understanding (p. 23).

Rokeach (1960) uses "openness" as a term to refer to the extensiveness of communication between various parts of a system. He suggests that it is a significant dimension of human personality. To extend Rokeach's terminology, the "open person" is one in whom there is a relatively high degree of self-communication. The "closed person" is one in whom there is a greater amount of isolation among the various levels and/or varieties of experience. Thus, the placement of an individual on a continuum from psychological openness to psychological closedness is determined by the degree of self-awareness he has, the awareness of his own feeling, yearnings, impulses, and imaginings. This contention is supported by Rogers (1961) in his discussion of the counselling relationship, stressing the importance of defensiveness or rigidity being replaced by openness to experience; the helper must become more cognizant of the external environment rather than seeing it in preconceived categories:

He is able to take in the evidence in a new situation, as it is, rather than distorting it to fit a pattern which

he already holds. This increasing ability to open to experience makes him far more realistic in dealing with new people, new situations, new problems. It means that his beliefs are not rigid, that he can tolerate ambiguity (p. 115).

Further theoretical considerations strongly suggest that psychological openness (self disclosure) makes an important positive contribution to a counselor's understanding of his client. It appears to many theorists that a counselor's willingness to share his own personhood is an important source of information in the process of unraveling the emotional communication. Katz (1963) and Schafer (1959) are examples of such theorists.

Allan (1967) stated that psychological openness of the counselor is an essential factor in the establishment of an interpersonal atmosphere conducive to client exploration. This contention is of major importance in the work of Carl Rogers and Sidney Jourard. Rogers (1957) asserts that openness of the counselor to his own feeling (congruence) is one of the "necessary and sufficient conditions of therapeutic interpersonality change." Similarly Jourard (1964) posits a "dyadic effect" in counselling. That is, the extent to which clients are able to risk self disclosure seems to be related to the willingness of counselors to take the same risk.

According to Truax (1966) one way to increase empathic levels is to have counselor trainees participate in human relations training as an integral part of his professional training. Truax was of the opinion that a neophyte counselor can increase his

ability to empathize by exploring, in a group setting, his own values, his feelings toward his attempt to be helpful as a therapist, and his inhibitions in expressing warmth and caring for others.

Gregg (1968) utilized sensitivity training as a method of increasing empathic functioning of preservice teachers. The results showed a significant increase in empathy in the experimental group over the control subjects, who received traditional classroom input on human relations. An important limitation of this research design was the fact that empathy was measured by the subjects' understanding of the feelings of the persons in their own sensitivity group. There was no evidence that they would be able to transfer this ability in relating with others.

Through a variety of specific activities or components, of which encounter group training is only one, human relations training purports to educate participants to become more transparent, expressive and more perceptually efficient in human relationships.

Since, according to Jourard (1969), Rogers (1957) and Allan (1967), empathic ability is theoretically related to and is contingent upon openness (self disclosure), both these personal qualities appear desirable and necessary to effective counselling. It would seem purposeful to measure and include in the program of psychiatric nursing preparation, any method designed to enhance these attributes.

DEFINITIONS

For the purpose of this study, the following definitions have been adopted and are presented in the interest of reader understanding.

Self Disclosure is defined by Jourard (1968) as: the process of making the self known as to what you think, feel, or want, by the most direct means (though not the only means) by which an individual can make himself known to another person.

Since Jourard devised the Self Disclosure Questionnaire from this definition, self disclosure will be operationally defined as the score obtained on Self Disclosure Questionnaire (Form A and B), (Appendix A and B).

Empathy is defined by Rogers (1951) as: the ability to assume the internal frame of reference of the client, to perceive the client himself as he is seen by himself, to lay aside all perceptions from the external frame of reference, while doing so, and to communicate something of this empathic understanding to the client (p. 29).

From the above definition Truax (1961) developed an operational definition of interactive empathy which is defined as scores on written responses to standardized helpee stimulus material rated on Accurate Empathy Scale (A.E.S.), (Appendix C).

Human Relations Training is defined as an educational methodology attempting to create a miniature society in which the

participants, through interaction with each other, can assess and modify existing values, attitudes, beliefs and behavior patterns. Human relations training is offered to psychiatric nursing students as a partial requirement for a graduate diploma of Alberta Hospital School of Nursing, Ponoka.

Role Playing is defined (Chester 1961) as a method of instruction to assist an individual in understanding the feeling and role of the other. This is essential for successful interpretation of events and relations. Dymond (1948) states his hypotheses about role playing ability as:

The ability to feel and describe the thought and feelings of others (empathy) is accompanied by a better understanding of the relationships one has with the others (insight). Conversely, those who are less able to take the role of the other seem to lack insight into their own interpersonal relations.

The intimate connection between two essential components of successful interaction is the ability to understand the thought and feeling of other persons and an understanding of oneself in relation to other people. It seems that role playing has proved to be an effective technique for the examination of and instruction in some of these critical shifts.

The students were requested to act out the role of the counselor, while the graduates were requested to take the role of a client and act out a real-life situation.

THE PROBLEM

How empathy occurs or does not occur in every man in his relations with others has, up to this point, been described as a human phenomenon (Ekman, 1971). Definitions of empathy stress the value of interpersonal communication. Astin (1967) and Truax (1970) have underlined the importance of the nurse communicating his understanding of the client's feelings. Rank (1966) has noted that the empathic person both observes and understands his client. English (1958) has defined empathy as an appreciation of the state of mind of another person without feeling, as in sympathy, what the other feels.

The writer believes the attitude conveyed to the client is one of acceptance and understanding, of an implicit "I see how you feel." Open genuine self disclosure in the here and now relationship will be perceived as empathic on the part of the client. John Powell (1969) states:

I can help you to accept and open yourself mostly by accepting and revealing myself to you (p. 16).

Counselor self disclosure or sharing of oneself spontaneously is hypothesized as being perceived by the client as caring empathic behavior.

A thorough search of the literature revealed a paucity of experimental studies attempting to increase empathy through the method of human relations training. There were none that utilized nursing students, either focusing on general or psychiatric

nursing or graduate nurses as subjects. The purpose of this study was to examine the relationship of self disclosure to empathy and its development through a human relations laboratory training method, as part of the education of student nurses.

Relevance to Nursing

The basic principle underlining the nurse-patient relationship is that there are two very important people in the relationship: the nurse and the patient. Sullivan (1954) states:

Each brings into the relationship personality characteristics called self-systems. This self-system is an organization of views of the self and patterns of behavior which operate to prevent and/or reduce anxiety. The developmental history of the self-system of each individual implies the circumstances under which the nurse and the patient will experience anxiety and sets the general behavior patterns that each individual will use in his attempt to reduce anxiety (pp. 138-140).

In addition Sullivan (1954) believes "the behavior patterns exhibited by the nurse and the patient will influence how the patient responds to the nurse's ability in helping the patient move towards a healthier level of adjustment (pp. 67-72)." According to Connolly (1965) "it is this sub-system plus social milieu (pp. 35-43)" in which the nurse and patient are interacting, that will facilitate or hinder the nurse-patient progress.

Connolly (1965) states "the nurse-patient relationship assumes that the nurse is attempting to create a therapeutic environment (pp. 35-43)" in which, according to Rogers (1957) "the patient can move in varying degrees, from a state of congruence (p. 96)." The definition of incongruence that the writer is using, is that of

Jourard (1968) which is: "there is a discrepancy between the patient's public self (that part of his personality that he projects onto others), his self concept (the individual's real feelings about himself), and his ideal self (the individual's set of beliefs which he holds concerning how he should behave) (pp. 161-169)."

Assuming that the nurse is in a clear state of congruence or integration in the relationship, we then realize that in most cases the nurse not only discloses himself honestly, but his deepest feelings and thoughts match what he is expressing verbally and nonverbally, whether it is anger, comprehensiveness, affection, or understanding (empathy). This does not deny the fact that the nurse may have some incongruencies in his personality, but in relations with the patient the nurse's self-concept, public self, and ideal self are more congruent with one another and more available to the patient through self disclosure. The patient's perception of this openness and genuineness helps him to utilize his own inner potential and exhibit behavior that is congruent.

Woolberg (1954) implies that "the patient learns to trust the nurse, in the nurse-patient relationship, when the patient feels a quality of warmth, acceptance and understanding such as he has never experienced before (p. 317)." Woolberg (1954) also states: "to assist the patient in approaching the level of trust, the nurse must be open and transparent to his patient in order to communicate the above (p. 317)."

The writer believes that the behavioral trait of self disclosure by the therapist (if done with good judgement) can be perceived by the patient as empathic, according the opportunity to learn, grow, and change through behavioral modelling and identification. This outcome is one of the fundamental goals of nursing practice and the ability to bring it about is of prime importance.

CHAPTER II

Review Of The Literature

Constructs Of Self Disclosure

Self disclosure plays the ying to the yang of feedback, that is, feedback is often directed only at the persons who are willing to disclose data about themselves. Thus, in a helping relationship appropriate feedback will elicit self disclosure or self disclosure will elicit feedback. According to Samuel A. Culbert (1967), "it takes two to see one (p. 2)." This means an individual may only be able to gain information about reality, himself and his relations with others by disclosing information about himself. It is the conviction of Keltner (1970) "the more I know about you and the more you know about me, the more effective and efficient our communication attempts will be."

Sidney Jourard (1964) has written about self disclosure:

You cannot collaborate with another person towards some common end unless you know him. How can you know him, and he you, unless you have engaged in enough mutual disclosure of self to be able to anticipate how he will react and he will play. Self disclosure, my communication of my private world to you, in language which you clearly understand, is truly an important part of behavior for us to learn something about. You can know me truly, only if I let you, only if I want you to know me. Your misunderstanding of me is only partly your fault. If I want you to know me, I shall find a means of communicating myself to you. If you want me to reveal myself, just demonstrate your good will, your will to employ your power for my good and not for my destruction (p. 3).

Psychiatric nursing is undertaken by means of communication

between one person with an unhealthy personality (who is called the patient), and a person with a healthy personality, who can communicate effectively, the therapist. The therapist tries to encourage his patient to disclose his real self to him. He avoids criticism, punishment, and he tries to minimize all of the common barriers to full communication.

When communication is effective between two persons, maximum opportunity is provided for mutual understanding and knowledge. The aspect most directly concerned with effective communication is the transmission of personal messages, or self disclosure.

Jourard (1964), and others suggest that real self disclosure is a way of achieving a healthy personality and a symptom of one. This individual is willing and able to communicate all of his real self to another person when it is appropriate to do so.

The real self refers to the subjective or private world of a person's behavior. No one can discover what an individual is thinking, feeling, or wanting, unless that individual himself is willing to translate his thoughts, feelings, and wishes, into words and/or actions. Then one can establish an accurate idea of the individual's real self.

The unhealthy individual strives to ignore or repress his real self. When he accomplishes this, he becomes alienated from his real self. Horney (1950) sees the process of neurotic development, or unhealthy personality adjustment, as having its origin in successful self alienation.

This person is afraid or ashamed of his real self. If he confronts or acknowledges his real feelings, wants, and thoughts, he then experiences self loathing, guilt, or the dread that the significant others will despise or reject him. As Horney (1950) views it, psychotherapy for this person must have as its goal the undoing of the process of alienation from the self, to help the person accept his real self, to view his self with compassion and concern rather than fear and revulsion.

Keltner (1970) states that to communicate we must understand each other better. To understand each other, we must reveal more of ourselves through speech and speech communication events.

Self is revealed not only in words we speak or use, but also mannerisms, behavioral conditions, posture, facial expressions, tone of voice, substantive context of ideas about which we speak, and the manner of using language, with the person to whom we are speaking. According to Jourard (1964), in essence, the therapist must be sensitive to this aspect of self disclosure in order to be fully effective in his therapeutic relationship. Self disclosure can only take place in a setting of goodwill. Bennis Shein and Berlew Steele (1964), describe clearly that the basic unit of interaction concerning us is a simple one. One person acts and in doing so intentionally or unintentionally exposes part of himself, something of which he thinks he is or hopes he is. A second person responds to the first person and to his exposed self.

Very frequently his reaction conveys approval or disapproval, acceptance or rejection. In this simple unit of social interaction lies one of the keys to self evaluation (p. 208).

The fear of exposure inhibits speech communication more directly than any other kind of behavior. Therefore lack of self disclosure on the therapist's part interferes with effective communication. Keltner (1970) states that those of us who can create conditions wherein motivated self disclosure is possible, will communicate effectively, others will not.

Constructs Of Empathy

A voluminous amount of research and theoretical findings on interpersonal relationships support the idea that empathy is the most critical ingredient of the helping relationship.

Carkhuff (1970) emphasizes that "without empathy there is no basis for helping (p. 83)." Psychoanalytic, client-centered, rational emotive, and other psychological theorists all agree that empathy is essential for helping another human being.

Research evidence of Parloff (1961), Lesser (1961), Truax (1966) and Strupp (1963) underline these writings. It has been found that high level empathy helpers (therapists, parents, and teachers) have helpees (patients, children, and students) who improve significantly more than do those of helpers functioning at a lower level of empathy, as measured by a variety of outcome

indices. In addition, Barrett-Lennard (1962), Truax and Tatum (1966), and Goodman and Ofshe (1968), found that helpees who perceive helpers to be highly empathic improve more than helpees who judge their helpers to be low in empathy. Fiedler (1950) and Heine (1953) found when clients and therapist were asked to describe the ideal therapeutic relationship, empathy was stressed as the most important.

Unfortunately it has been shown through Carkhuff and Berenson (1967) research that empathic abilities are lacking among professionals in helping fields as well as in lay individuals. In their recent book Carkhuff and Berenson (1967) stressed that those individuals in our society designated as "more knowing" (e.g. parents, nurses, doctors, psychologists) have left their "less knowing" counterparts impotent and unfulfilled (p. 4).

Martin's and Carkhuff's (1968) study using a five point measure of empathy ability (where a score of three indicates minimal ability to help another person), found that individuals from the general public functioned midway between levels one and two. At this level they are almost completely unaware of the feelings and experiences of the other person. Studies by Kratochuk (1967) and Carkhuff (1968) have shown senior psychology and education students functioning below level two. Even more distressing Carkhuff's (1968) and Martin's (1968) findings revealed that experienced guidance counselors in high schools and therapists scored between 1.76 and 1.86 on empathy ability.

Although nurses have not been rated on this particular five-point scale there is evidence that they are too lacking in empathy. One study by Duff and Hollingshead (1968) found that seventy-one per cent of registered nurses, eighty per cent of licensed practical nurses, and seventy-one per cent of nurses aides showed no evidence of empathy towards patients. Jourard (1964) points out that nurses could promote the real self being and honest self disclosure of their patients by an empathic acknowledgement of what has been expressed. Yet he says this is usually lacking in nurses whom he describes as having "rigid interpersonal behavior".

Truax and Carkhuff (1964) describe empathy as sensitivity to current feelings and the verbal facility to communicate this understanding in a language attuned to the client's current being. While Keltner (1970) describes it as "we must be able to perceive another's feelings, thoughts and behavior as if they were our own (p. 20)." Smith (1966) expresses a similar idea: "the core idea of empathy is the ability to transpose oneself imaginatively into the feelings, thinking, and acting of another (p. 19)," but renders his meaning obscure by stating, "we shall consistently use the term to mean the tendency of a perceiver to assume that another's feelings, thoughts and behavior are similar to his own (p. 19)." Jourard (1963) states: "empathy involves the correct interpretation of cues which reflect the feelings and wishes of the love object (p. 369)." According to Truax (1970),

"this concept (Interactive Empathy) referred to also as empathy in process, was defined as the ability to perceive the meanings and feelings of another person, and communicate this understanding to him. Operationally, interactive empathy was defined as scores on written responses to standardized helpee stimulus material rated on the Accurate Empathy Scale (AES) devised by Charles Truax (1961). While the above is an operational definition it can also be defined generally as the ability to sense the client's (patient's) world as if it were your own, but without ever losing the 'as if' quality (Rogers, 1957; Carkhuff & Berenson, 1967).

HUMAN RELATIONS TRAINING

Assumptions And Goals

Human relations training can be viewed in a relatively broad context as a conscious use of primary processes for purposes of re-educating people. Individuals participate as learnees in a relatively unstructured group designed to generate data related on a personal level to the learners.

Although the human relations group is relatively unstructured in terms of a preset agenda and format, it does operate with established assumptions and goals.

According to Bradford, Gibb, and Benne (1964), the human relations group assumes itself to be a miniature society wherein each member establishes a process of inquiry about his own

motives, feelings and strategies in dealing with other persons and in turn learn also of the perceptions and reactions he produces in others as he interacts with them. A second assumption is that human relation training is not therapy, but is intended for participants who are essentially healthy normal functioning individuals who desire to improve their interpersonal functioning above its present generally adequate level.

A third assumption, stemming from the first two is that human relations training focuses upon the 'here and now' instead of upon historical personal history. The immediate experiences of participants yield the raw data for laboratory learning. Focusing on situations away from the laboratory to relate past or future events becomes appropriate only when it effects present feelings and action.

The desired outcomes and goals of human relations training have been cogently summarized by Maslow (1966) who stated that following training, the individual ". . . becomes more open to experience (more efficient perceiving) and more 'fully functioning' (more honestly expressive) (p. 204)."

The same desired outcome is expressed by Dunnette (1969):

I believe a major goal of most T Groups is to make perceivers more aware of their own perceptual filters, to help them know more fully how they are perceived by others, and to help them be more aware of and sensitive to the attributes of Specific Others in their social worlds (p. 39).

Research

Research on the process and outcomes of human relations training has been steadily expanding since its formal inception at Bethel, Maine in 1945. According to Stock (in Bradford, Gibb and Benne; 1964), some specific areas show a considerable concentration of work; in other areas the questions are clear but the methodologies are not; and still in other areas even the questions are not well defined. The result of her survey of research on human relations training led her to conclude:

All of the following have been shown to be influenced by laboratory training: various perception of the self, affective behavior, congruity between self percept and ideal self, self-insight, sensitivity to the feelings or behavior of others, role flexibility, sensitivity to group decisions, diagnostic ability, behavioral skill, utilization of laboratory techniques, self confidence, and approach to diagnosing organization problems. And this is only a partial list. But these factors have also been shown to change, for some people, under certain circumstances. Much research has addressed itself to the question, 'What accounts for the fact that some participants learn certain things and others do not?' (p. 434).

Levels of counselors' self disclosure may be one accountable dimensions of personality related to empathy. By placing counselor trainees together in a four-day intensive human relations laboratory and investigating the shift in levels of self disclosure, empathy and their relationship, the investigation hoped to shed some light on what effect human relations training has on these interpersonal dimensions.

CHAPTER III

Method and Research Design

The overall method was to study the effects of human relations training as to whether or not self disclosure and perceived empathy rating would shift, and determine if a relationship between the two variables exists.

The subjects in the study were first year psychiatric nursing students enrolled in a two year program developed and operated under the administration of the Department of Health and Social Development at Alberta Hospital Ponoka School of Nursing. The experimental group consisted of 36 subjects; 23 subjects made up the control group.

This group of nursing students volunteered, upon request, to complete the questionnaires on self disclosure (Form A and B) and participate in the counselling exercise, as well as, the four day intensive human relations laboratory.

One of the purposes of this particular nursing program is to develop in its students the skill of forming supportive and facilitative interpersonal relationships. The purpose of this study was to examine the shifts in levels of certain conditions thought to assist self actualization, self disclosure, and empathy with the relationship between these factors being the primary focus.

For this reason, the subjects chosen would seem to serve as

an appropriate sample since the objective of a student in this program is to become a helping person (a psychiatric nurse).

Procedure

The subjects of both the experimental and control group were asked to complete Form A and B of Self Disclosure Questions developed by Sidney Jourard. In addition, the subjects of both the experimental and control groups were requested to participate by role playing a nurse counselling situation. The subjects were subsequently evaluated by the helpees (graduate nurses) who completed the Truax Relationship Questionnaire.

The following method was utilized:

The subjects were randomly assigned to a graduate nurse either with an RN or IPN qualification, and role play a nurse counselling situation for twenty minutes. Each subject member had the opportunity to be a helper in a simulated counselling situation, utilizing a real problem, which the graduate nurse presented to the subject counselor. At the completion of each interview, the subject who played the role of the helper was evaluated by the graduate nurse on the Truax Relationship Questionnaire (1966) privately. This was accomplished by asking the subject who played the helper to leave the room. The scores of empathy for the helper as perceived

by his helpees (graduate nurse) was the sum of the answers given reflecting empathy as will be provided by the scoring key.

Each subject spent approximately one hour role playing and filling out the self disclosure questionnaires (Form A and B) before and after the experiment. Each graduate nurse participated in the experiment by taking the role of a client and sharing a genuine real-life personal issue spending approximately one hour in the interview and rating the nurse trainee.

The experimental group was exposed to an intensive four day human relations training laboratory conducted outside of the school of nursing. This time allotment was included within the context of an already existing nursing course.

The experimental treatment during the four day encounter training involved an integration of four elements: (1) didactic input and training; (2) group experiential training; (3) community experiential training; (4) role model of risk taking and empathy as well as role playing.

The didactic aspect began with theoretical orientation where students were informed and instructed to make more discriminative responses and to learn to discriminate between various levels of empathic communication. This was accomplished either directly in each of their assigned groups or in the structure of the community sessions. These structured community sessions were also used for

role playing. Students were divided off within triads and requested to role play helper and helpee interactions with an observer for immediate feedback. Personal feelings and problems regarding their reaction to these exercises, their views, and actual patients they were confronted with in the hospital, and any other relevant issues, were worked out in the four individual encounter groups. However, the main focus was to maintain the group process in terms of the here and now. There and then focus was discouraged unless it was directly related to the here and now of the group process.

Throughout the experience the group leaders (trainers) offered high levels of openness and empathy to the subjects as a model of the desired behavior.

The rationale for selecting these components was based on the positive result from previous research reported in the review of the literature. It was felt that the greater variety of the learning experiences offered in this treatment intervention would be likely to be more interesting and thus more motivating to the student and would possibly result in a more efficient and successful human relations laboratory.

The control group received lectures and participated in discussion on human behavior involving such topics as the uniqueness of every individual, stereotypes, self concept, abnormality in behavior, and their various meanings and their helping relationships.

Films and tapes were utilized as teaching aids. The rationale for selecting this content for the control group was based on the belief that this is the type of experience provided to nursing students in most programs, to enhance their understanding and thus their ability to be self disclosing and empathic with people.

Criterion Variables

The criteria or dependent variables in the study were:

- (1) Self disclosure, as indicated by responses on a five point scale from one (least likely) to five (most likely) to let another know one's personal characteristics rated on the Self Disclosure Questionnaire Form A.
- (2) Self disclosure as indicated by yes and no responses as to various issues and topics in his life that he will disclose to a significant person in his class.
- (3) Graduate nurses evaluation of nursing student empathy in a helping relationship, as measured by the Relationship Index Helpee Form (191).

Testing Instruments

The three testing instruments that will be used in this study will be:

- (1) Jourard's Self Disclosure Questionnaire Form A and B.
- (2) The Truax Relationship Questionnaire.

The Self Disclosure Questionnaire Form A: Jourard (1968) developed a 21 item questionnaire measuring openness and trust between the subject and other group participants. The questionnaire calls for the subject to rank a number of items from 1 (least likely) to 5 (most willing) to let others know one's personal characteristics, based on a willingness to risk and to trust others given that opportunity. Conditions for self disclosure may or may not exist within the human relations training group. Assuming certain conditions do exist, it is of importance to determine if an individual is willing to disclose himself to others. However, what a person will disclose, and whether he will, is a function of the nature of the material disclosed, the personality characteristics of the person, the setting, and the characteristics of the group members.

Jourard (1968) in attempting to measure trust between experimenters and their subjects, developed a research instrument to measure the subject's willingness to disclose himself to the experimenter. The original questionnaire for measuring trust consisted of 52 items for which Jourard reported split half reliability coefficients higher than .90 for both men and women. Jourard (1968) provided a revised 21 item list of "Self Disclosure Questions" rated by 30 male and 30 female college student judges as to degree of intimacy. The scale was used to determine the participant's willingness to trust other group members with

personal information. The production of a difference in pre-test and post-test ratings of items on this scale was postulated to be indicative of change in willingness to be open in self disclosure, presumably as a result of having re-evaluated the items as to their riskiness for disclosure. Friedman and Drag (Jourard 1968) report in separate studies of a similar nature, that even limited amounts of self disclosure produce changes in the intimacy ratings of these types of items.

This scale will be used to measure differences, pre-test and post-test rating of the items by the experimental group and control group members. It is postulated that this scale will measure a shift in self disclosure as a result of the human relations training laboratory.

The Self Disclosure Questionnaire Form B: This is a sixty item self disclosure questionnaire (SDQ) developed by Jourard and Lasakow (1958). This questionnaire was modified by the writer to determine to what extent research subjects disclosed, or were willing to disclose information regarding various issues and topics to selected target persons, who in this experiment were the experimental group members. (Appendix B).

The subject's task was to indicate his first choice of three choices available, which are: I have, have not, been willing, and not willing, to disclose and discuss each of the sixty rated items to the other group members.

This measurement will be used to determine if the human relations training laboratory causes a shift in the amount of self disclosure individuals may have developed to various group members or the willingness to take the risk.

A sixty item Self Disclosure Questionnaire (SDQ) was developed by Jourard and Lasakow (1958) to determine the extent to which research subjects vary in the topics that they disclose to various target people and the extent to which there are cultural and sex differences. The SDQ as published by Jourard (1964) was used in this study to determine if sensitivity training could produce a modification in the amount of self disclosure that a person engages in towards selected target people. The SDQ consists of six general categories of information about the self, with ten items in each category. Subjects indicate on a 4-point scale the extent to which they have talked to each specified target person about the sixty listed items. A corrected reliability coefficient (split-half method) of .94 was obtained on a sample of 70 single male and female college students. Of interest are the aspects of self that formed "high disclosure" clusters (tastes, and interest, attitudes, opinions, and work) and "low disclosure" clusters (money, body, and personality) which were significant at the .01 level. Jourard (1961) and Plog (1965) report cultural differences between native Germans, Americans, and the British. Reliability correlations across cultures are in excess of .89

with scales of various lengths. Americans were found to be more disclosing than other nationalities.

In review of the literature, the writer was unable to find research statistics to purport validation in regard to a pre-test and post-test experimental design to directly support the utilization of this instrument. However as Jourard (1971) states, "this is not to say they are not valid (p. 169)." The question, to repeat, is: "what are self disclosure questionnaires valid for?" The matter of predictive validity, however, remains the strongest test of any measuring instrument. Here Jourard (1971) states that his evidence as well points to a bit of evidence from other workers, which shows that this and other self disclosure questionnaires do indeed predict actual self disclosing behavior, as well as behavior related to openness.

The Relationship Questionnaire: As described by Truax (1966), was derived from the Relationship Inventory of Barrett-Lennard (1962). This is a true-false pen and pencil device with questions that deal with five core conditions.

Since the scope of this study is measurement of empathy levels, it will select from the Relationship Questionnaire 46 items out of 136 that deal specifically with the construct of empathy.

The empathic understanding subscales of the Relationship Inventory, helper and helpee forms, designed by Barrett-Lennard,

were used to measure the student's level of empathy by the helpee (graduate nurse). Items from the level of regard subscale were also included but not scored in order to avoid, as much as possible, dependence of the empathy questions. Examples on the helpee form of the Relationship Inventory were:

- (1) He tried to see things through my eyes.
- (2) He understood my words but not the way I felt.
- (3) He nearly always knew exactly what I meant.

This questionnaire was given following a counselling interview to the helpee (graduate nurse). In order that the primary data will be a valid expression of the client's experience, certain precautions were taken. As soon as the interview was complete (approximately 20 minutes) the helper and helpee were sent to different rooms and the helpee was requested to complete the questionnaire. In this way the helpee was assured that the helper would not see his answers.

It is assumed that the subject will give honest and accurate responses to the Relationship Questionnaire. The score of empathy for the helper as perceived by his helpee (graduate nurse) will be the sum of the answers given reflecting empathy, as provided by the scoring key. The same procedure described above was used for pre- and post-testing.

The validity of the Relationship Inventory is based on the studies which show a positive correlation between patient's improvement and high scores on both forms of the inventory

(Feital, 1968; Truax and Carkhuff, 1967). A split-half reliability coefficient with a Spearman Brown correction for the subscale of empathic understanding was reported to be .86 and .74 (Barrett-Lennard, 1962).

Trainer Characteristics

Four trainers were responsible for monitoring group sessions. Each of the trainers was assisted by a co-trainer. All co-trainers were members of the psychiatric nursing school faculty and knew some of the students through classes conducted during the first four weeks of their two year nursing program. Each trainer pair consisted of a male-female combination. Each of the four trainers was a male, and the co-trainers were female. None of the four trainers was familiar with any of the students before the group session began.

All four trainers were white and functioning at the upper range of the group membership. All trainers had worked extensively with face to face groups for several years and were operating on a high facilitation level, with good understanding of the group process. Each of the trainers held a minimum B.Sc. degree in nursing with advanced preparation in psychiatric nursing. The four co-trainers all held the credentials of Baccalaureate degree in either nursing or social science; however, each had group experience only as a member and minimal experience as a group leader.

Statement of Hypotheses

- (1) Ho: There is no significant shift in the self disclosure rates (measures) as a result of a four day human relations training laboratory experience.
- H1: There is a positive shift in the level of self disclosure rates (measures) as a result of a four day human relations training laboratory experience.
- (2) Ho: There is no positive shift in perceived empathy level (measures) as a result of a four day human relations training laboratory experience.
- H1: There is a positive shift in the perceived empathy level (measures) of a group member as a result of a four day human relations training laboratory experience.
- (3) Ho: There is no relationship between measures of self disclosure and empathy used in this study.
- H1: There is a positive and significant relationship between self disclosure and empathy measures used in this study.

CHAPTER IV

Results and Discussion

Analysis of the Data

Two main statistical methods were employed to analyze the data: Analysis of Variance including co-variance, and a correlation study.

The analysis of variance method was used for testing the hypothesis that two or more independent samples were drawn from a population having the same mean. The two samples were constituted by drawing independent random samples from a single population, subjecting them to experimentation, then comparing on a single criterion variable.

In the analysis of variance procedure, the sums of squares between groups, within groups, and for the total are calculated, along with their respective degrees of freedom. The sums of squares between groups and within groups were divided by their respective degrees of freedom to obtain the mean square between and the mean square within. The F-ratio was calculated, $F = \frac{MS_b}{MS_w}$, with $df = k-1, N-K$. The calculated F is compared to the tabled F at the desired level of significance with the appropriate degrees of freedom. If the calculated statistic equals or exceeds the tabled value, the hypothesis is rejected, and a significant difference in the means of the samples is judged to exist (Willemssen 1974, p. 98).

In addition, the analysis of covariance was used to control one or more variables that might influence the criterion. The

analysis of covariance is a blending of regression and the analysis of variance, which permits statistical rather than experimental control of variables. The results are equivalent to matching the various experimental groups with respect to the variable or variables being controlled (Roscoe 1975, p. 351).

The assumption underlying the analysis of covariance is essentially the same as for the analysis of variance, with the added assumption of homogeneity of regression. This assumption requires that the slope of the regression line (predicting Y from X) be the same within each of the populations under study.

The analysis of covariance tends to be robust in respect to the assumption of homogeneity of regression, if the assumption is violated, the test for equal means tends to be conservative (Roscoe 1975, p. 359).

Findings

Statistical analysis revealed on Self Disclosure Questionnaire (Form A) no significant difference between pre-test and post-test mean attitude score for the control group, but a highly significant difference between pre-test and post-test mean attitude score for experimental group (TABLE 1). The direction of the experimental group attitude change was positive. Since both groups had demonstrated statistically similar attitudes prior to the experimental program, and since the experimental group attitudes toward self disclosure changed significantly after learning experiences, while

the control group's attitude remained the same, it was conclusive that nursing students' attitude changed as a result of the group learning experiences. (Refer to tables 1, 2, 3, and 4)

The result of the pre-test analysis of variance (see TABLE 2) for control groups and experimental groups statistically showed no significant difference. The post-test analysis of variance for control and experimental group (see TABLE 3) showed a significant increase in the rate of self disclosure after the experimental program was concluded.

In addition the analysis of covariance (TABLE 4) allowed statistical control over the pre-test variable (Winer 1971). On the basis of this analysis there is a significant difference between pre-test and post-test scores for the experimental group with the added assumption of homogeneity of regression. This assumption involves the statistical pre-test variable on self disclosure to be controlled.

Statistical analysis on Self Disclosure Questionnaire (Form B) revealed a significant difference between pre-test mean attitude scores for the control group and the experimental group. Although no significant difference was found between pre-test and post-test mean attitude scores for the control group, a highly significant difference was shown between pre-test and post-test mean attitude scores for the experimental group (see TABLE 5).

Results of the pre-test analysis of variance (TABLE 6) for control group and experimental group indicated significant difference in rates of self disclosure prior to experimental manipulation.

The analysis of variance on the post-test for control and experimental groups was significant (see TABLE 7). A statistical test showed that the assumption of homogeneity of regression was not violated ($F=.13$ $P<.7$).

The analysis of covariance (see TABLE 8) showed absolute significant changes (difference) between pre-test and post-test scores for the experimental group covarying out pre-test differences (Winer 1971).

Statistical analysis revealed on the Truax Empathy questionnaire a slight difference in pre-test mean scores for the control and the experimental group. No significant difference between pre-test and post-test was shown for the control group, however, for the experimental group a significant difference was shown between the pre-test and post-test mean scores (see TABLE 9).

The analysis of variance on the pre-test for both control and experimental group indicates a significant difference between the two groups prior to experimental treatment (see TABLE 10). The analysis of variance on the post-test for control and experimental group indicates a significant difference after experimental manipulation (see TABLE 11). The test for homogeneity of regression $F=.39$, $P<.5$, indicates that the assumption for homogeneity of regression was not violated and the same correlation of pre-test to post-test scores existed for both control and experimental groups.

The analysis of covariance (see TABLE 12) showed a significant

TABLE I

Students attitude towards Self Disclosure as measured by Questionnaire (Form A) before and after Selected Learning Experience.

EXPERIMENTAL GROUPCONTROL GROUP

	Pre-test	Post-test	Pre-test	Post-test
Mean	49.2	55.2	47.8	49.0
Standard Deviation	7.46	4.60	6.11	8.25
Sample Size	36	36	28	28

$t=5.62$ $DF=35$ $P<.001$

$t= .84$ $DF=27$ $P>0.1$

TABLE II

Summary of Analysis of Variance of Pre-test for Experimental and Control Groups on Self Disclosure Questionnaire (Form A).

Source	Degrees of Freedom	Sum of Squares	Mean Squares	Critical Value of F
Between Groups	1	30.87	30.87	.62 (1, 62 df) *
Within Groups	62	3052.37	49.23	
Total	63	3083.25	80.10	

* $p = .4$

TABLE III

Summary of Analysis of Variance on Post-test for Experimental and Control Groups on Self Disclosure Questionnaire (Form A).

Source	Degrees of Freedom	Sum of Squares	Mean Square	Critical Value of F
Between Groups	1	620.68	620.68	14.92 (1, 62 df) **
Within Groups	62	1579.25	41.60	
Total	63	3199.93	662.28	

** $p = .01$

TABLE IV

Summary of Analysis of Co-variance of change Scores from Pre- to Post-test on Self Disclosure Ratings for Experimental and Control Groups (Form A).

Source	Degrees of Freedom	Sum of Squares	Mean Square	Critical Value of F
Between Groups	1	500.06	500.06	15.31 (1, 62 df) **
Within Groups	62	1992.03	32.65	
Total	63	2492.09	532.71	

** $p = .01$

TABLE V

Students attitude towards Self Disclosure as measured by Questionnaire (Form B) before and after Selected Learning Experience.

EXPERIMENTAL GROUPCONTROL GROUP

	Pre-test	Post-test	Pre-test	Post-test
Mean	76.36	86.19	69.0	70.53
Standard Deviation	9.41	16.59	11.10	12.28
Sample Size	36	36	28	28

$t=3.54$ $DF=35$ $P<.01$

$t=.89$ $DF=27$ $P>0.1$

TABLE VI

Summary of Analysis of Variance on Pre-test for Experimental and Control Groups on Self Disclosure Questionnaire (Form B).

Source	Degrees of Freedom	Sum of Squares	Mean Square	Critical Value of F
Between Groups	1	853.42	853.43	8.22 (1, 62 df) **
Within Groups	62	6432.31	103.74	
Total	63			

** $p = 0006$

difference between pre-test and post-test scores for the experimental group covarying out and holding constant the pre-test scores. The results of this statistical analysis indicate that the experimental group changed significantly in terms of the raters' perception of the students' level of empathy. (Refer to TABLES 9, 10, 11 and 12)

The analysis of the data was computed by use of the S.P.S.S. correlational analysis program (Nie et al., 1970). The first step in the correlational analysis was to obtain a correlation matrix of the variables and the differences of gain scores between pre-test and post-test variables.

Pearson's correlations were calculated (using combined data of control and experimental groups), between pairs of the three measures, (two self disclosure tests and one empathy), both at pre-test and post-test (see TABLE 13). A most striking feature of the pre-test result was the absence of any significant correlation between self disclosure and empathy measures, although the two measures of self disclosure correlated with each other. The post-test findings showed a significant correlation between the two self disclosure measures and empathy measure. (see TABLE 13) The difference (post-test minus pre-test score) for each test was calculated using pooled control and experimental group data. Pearson's coefficients were obtained to determine the intercorrelations of the three measures used in this study (as shown in TABLE 14).

The results showed a correlation between difference on self

TABLE VII

Summary of Analysis of Variance on Post-test for Experimental and Control Groups on Self Disclosure Questionnaire (Form B).

Source	Degrees of Freedom	Sum of Squares	Mean Square	Critical Value of F
Between Groups	1	3861.81	3861.81	17.45 (1,62) df ***
Within Groups	62	13716.68	221.23	
Total	63			

*** p = 001

TABLE VIII

Summary of Analysis of Co-variance of change Scores from Pre- to Post-test on Self Disclosure Ratings for Experimental and Control Groups (Form B).

Source	Degrees of Freedom	Sum of Squares	Mean Square	Critical Value of F
Between Groups	1	1841.94	1841.94	9.62 (1, 62) df **
Within Groups	62	11064.32	191.36	
Total	63			

** p = 003

TABLE IX

Student Level of Empathy as Perceived by Raters Before and After Selected Learning Experience.

EXPERIMENTAL GROUPCONTROL GROUP

	Pre-test	Post-test	Pre-test	Post-test
Mean	15.86	19.91	13.64	15.35
Standard Deviation	3.72	2.96	5.32	4.62
Sample Size	36	36	28	28

t=5.2 DF=35 P<.001

t=1.61 DF=27 P>0.1

TABLE X

Summary Analysis of Variance on Pre-test for Experimental and Control Groups on Levels of Empathy as Perceived by Raters

Source	Degrees of Freedom	Sum of Squares	Mean Square	Critical Value of F
Between Groups	1	77.49	77.49	3.83 (1, 62) df **
Within Groups	62	1252.73	20.20	
Total	63	1330.22	97.69	

** p = .05

TABLE XI

Summary Analysis of Variance on Post-test for Experimental and Control Groups on Levels of Empathy as Perceived by Raters.

Source	Degrees of Freedom	Sum of Squares	Mean Square	Critical Value of F
Between Groups	1	327.42	327.42	22.98 (1, 62 df) ***
Within Groups	62	883.17	14.24	
Total	63	1210.60	341.66	

*** p = .001

TABLE XII

Summary Analysis of Co-variance of Change Scores from Pre- to Post-test on Levels of Empathy as Perceived by Raters for Experimental and Control Groups.

Source	Degrees of Freedom	Sum of Squares	Mean Square	Critical Value of F
Between Groups	1	207.60	207.60	17.76 (1, 62 df) ***
Within Groups	62	724.16	11.68	
Total	63	931.76	219.28	

*** p = .001

TABLE XIII

Correlation Matrix of the Measures of Self Disclosure and Empathy,
Utilizing Combined Group Data.

<u>Pre-Test</u>			<u>Post-Test</u>		
S.D.#1	S.D.# 2	R.I.	S.D.#1	S.D.#2	R.I.
S.D.#1	1.00 .360 P=.003	.095 P=.456	1.00	.267 P=.016	.489* P=.001
S.D.#2	1.00	.161 P=.204		1.00	.240 P=.028
R.I.		1.00			1.00

TABLE XIV

Correlation Matrix of Difference in Scores (Post-test minus Pre-test)
in Self Disclosure and Empathy, Utilizing Combined Group Data.

	Diff. S.D.#1	Diff. S.D.#2	Diff. R.I.
Diff. S.D.#1	1.00	.22* P=.037	.18 P=.074
Diff. S.D.#2		1.00	.01 P=.46
Diff. R.I.			1.00

TABLE XV

Correlation Matrix of the Pre-test scores of Self Disclosure and Empathy, Utilizing Experimental and Control Group Separately.

EXPERIMENTAL GROUPCONTROL GROUP

S.D.#1	S.D.#2	R.I.	S.D.#1	S.D.#2	R.I.
S.D.#1	1.00	.34 P=.02	1.00	.373* P=.025	.107 P=.294
S.D.#2	1.00	.099 P=.28		1.00	.076 P=.35
R.I.		1.00			1.00

disclosure measure, Form A and Form B. However, the result did not show any significant correlation between difference of self disclosure, Form A and Form B, with the difference of perceived empathy measure. The absence of any substantial correlation between self disclosure and empathy measures indicate that improvement on self disclosure rates are not correlated with increases in perceived empathy rates.

The data were further analysed in terms of investigating the Pearson's correlations pre- and post-test for control and experimental group separately.

Upon careful investigation it was found that measures of self disclosure, Form A and B, are related $r=.30$, and above on the pre-test for both control and experimental group. (As shown in TABLE 15). The correlations of the same measures on the post-test indicate that measures of self disclosure Form A and B were not related, but a striking feature was that Self Disclosure measure A was correlated ($.30$ and above) to the measure of perceived empathy for both control and experimental groups, as shown in TABLE 16.

The difference (post-test minus pre-test scores) between the three variables for both control and experimental groups was calculated and a Pearson's product moment correlation obtained.

The results, as shown in TABLE 17, manifested total absence of any significant correlation. The absence of substantial correlation between pre- and post-test differences could be

attributed to any one or a large combination of factors, including unreliability and invalidity of any of the measures. Also the intervention of uncontrolled variables such as technique of administering the test, or ceiling effect of the test individual differences, error of self report in terms of response set (social desirable), such as not to admit publicly any strong emotions as fear of self disclosure.

On the basis of this analysis of data, one of the three null hypotheses were retained and two were rejected unconditionally. It was concluded that there was a shift in self disclosure and empathy due to treatment.

TABLE XVI

Correlation Matrix of the Post-test Scores of Self Disclosure and Empathy, Utilizing Experimental and Control Group Data Separately.

<u>EXPERIMENTAL GROUP</u>			<u>CONTROL GROUP</u>		
S.D.#1	S.D.#2	R.I.	S.D.#1	S.D.#2	R.I.
S.D.#1	1.00	.117 P=.248	1.00	.05 P=.39	.355 P=.032
S.D.#2	1.00	.206 P=.113	1.00	.244 P=.105	
R.I.		1.00			1.00

TABLE XVII

Correlation Matrix of Differences in Scores (Post-test Minus Pre-test) in Self Disclosure and Empathy, Utilizing Experimental and Control Group Data Separately.

<u>EXPERIMENTAL GROUP</u>			<u>CONTROL GROUP</u>		
Diff. S.D.#1	Diff. S.D.#2	R.I.	Diff. S.D.#1	Diff. S.D.#2	Diff. R.I.
Diff. S.D.#1	1.00	.162 P=.17	1.00	.13 P=.25	.14 P=.223
Diff. S.D.#2	1.00	.08 P=.31	1.00	.24 P=.104	
Diff. R.I.		1.00			1.00

CHAPTER V

Summary, Implication and Limitations

Summary

The present study has investigated the usefulness of utilizing human relations training in psychiatric nursing programs aimed at increasing interpersonal communication of nurse trainee. It has explored development of self disclosure and empathy as well as examining the relationship between these two constructs.

Thirty-six psychiatric nursing trainees were placed in an extensive four day human relations laboratory where they were required to work in a relatively unstructured environment, in terms of preset agenda and format. However, this group operated with established assumptions and specific objectives (see APPENDIX D).

Twenty-eight psychiatric nursing trainees were placed in a regular classroom setting. They received lectures and discussion on human behavior involving such topics as the uniqueness of every individual, stereotypes, self concept, abnormality in behavior and their various meanings and their helping relationships.

Prior to, and at completion of the human relations laboratory each trainee was required to complete Jourard's (1968) Questionnaire (Form A and B) on self disclosure. In addition, each trainee participated in a brief twenty minute counselling interview with a helper (role played by a graduate nurse). The score of empathy for the trainee as perceived by his helper (graduate nurse) was the sum of answers given reflecting empathy as provided

by the scoring key. An identical before and after procedure was used for the control group which received no human relations training.

Three null hypotheses were formulated as an outcome of the author's interest and research pertaining to self disclosure and empathy.

(1) Ho: There is no significant shift in the self disclosure rates (measures) as a result of a four day human relations training laboratory experience.

H1: There is a positive shift in the level of self disclosure rates (measures) as a result of a four day human relations training laboratory experience.

(2) Ho: There is no positive shift in perceived empathy level (measures) as a result of a four day human relations training laboratory experience.

H1: There is a positive shift in the perceived empathy level (measures) of a group member as a result of a four day human relations training laboratory experience.

(3) Ho: There is no relationship between measures of self disclosure and empathy used in this study.

H1: There is a positive and significant relationship between self disclosure and empathy measures used in this study.

Null hypotheses one and two were rejected. The third null hypothesis was found to be acceptable as it failed to achieve significance at .05 level.

The data obtained for the third hypothesis failed to demonstrate a significant correlation between the increases in the level of self disclosure and empathy as attributed to treatment.

Methodological weaknesses inherent in the research design may account for this nonsignificant relationship between self disclosure and empathy.

Implication For Theory

At the outset of this study the relationship between self disclosure and perceived empathy was not clearly known, nor its development through human relations training. It was not known if rate levels of self disclosure and the aspect of perceived empathy could be improved through human relations training. Evidence in this study found Jourard's S.D. Questionnaire Form A and B, and Truax R.I. measure a construct that has been named "Interpersonal Communication". This suggests that high scores on Jourard's S.D. tests and Truax Relationship Index may be indicators of high levels of interpersonal communication.

Evidence has also indicated that human relations training is a method of successfully increasing levels of interpersonal communication. However, prospective helpers scoring high on these variables may not improve by this methodology. This should

be interpreted cautiously in view of the measuring instruments, which are possibly limited in measuring the full range of self disclosure.

Implication For Research

The most cogent implication that was derived from this study was the validation of the hypothesis that the human relations training method of increasing self disclosure was effective. In addition, this experimental method resulted in increasing the levels of empathy of the student nurses in their relationships with their clients. These findings are important in indicating that human relations training should be an essential module in the curriculum of psychiatric nurse preparation programs.

While the outcome of this investigation is modest the relationship between self disclosure and the client perception of the student nurse levels of empathy deserves further study under more rigorous and favorable conditions.

A second important implication of this study is based on the finding that one can assess the self disclosure and empathy levels of nursing students. As a result, it is possible with further development to utilize such an instrument for screening and selecting candidates for this particular educational objective; that is, increasing levels of self disclosure and empathy. This also includes the possibility of measuring the learning experiences given to achieve the objective and evaluate how well it has been met.

Implication For Practice

Smith (1966), Truax and Carkhuff (1967), and Carkhuff (1969) have all emphasized the need for professional training programs that are directly geared to positive outcome. Carkhuff states that there is little evidence to indicate that students in such programs are being adequately equipped with the skills that have been shown to be related to constructive client outcomes. It would seem apparent that two factors are required for psychiatric nursing programs to be effective; training in interpersonal skills, and feedback to students that will enable them to know to what extent they are acquiring these skills.

Consistent, accurate and immediate feedback throughout the relatively brief school term is considered a valid ingredient in an effective humanistically oriented psychiatric nursing program. However, in a day of government cutback, increased teacher loads and reduced staff, it is imperative that methodologies used in conducting programs be inexpensive. One drawback to the Human Relations Interpersonal Mode Laboratory is the time and manpower involved, the latter is dependent on the specific design being utilized. Alternatives that appear reliable and valid should be considered for human relations training. These instruments could be used to assess a candidate's potential as a helping individual. Throughout the program the student could be required to have his client respond to the R.I. questionnaire. If R.I. questionnaires

are confirmed in subsequent research to be a valid and reliable test of measuring interpersonal dimensions, then they may well prove to be a practical, economical and efficient instrument for providing this important assessment and screening process for both students and instructors.

Limitations Of The Research

The study could have been improved several ways. In the present study the graduate nurses were told to avoid role playing of non-existent problems. In a surprisingly large number of instances there was immediate rapport established between client and student nurse counselor. In a few cases, however, there was hesitancy on the part of the client as to what to say. The resulting interviews tended to be colorless and minimally productive. If the client had been given an outline to explore problems that were "presently very real" it is possible that those interviews would give a better opportunity for the student nurse counselor to demonstrate his relationship skills.

Because of an inadequate number of graduate volunteers it was necessary to have some of the graduates role play client with two or more counselors. Since they responded after each interview to the R.I. questionnaire there is a good possibility that they were influenced by the questions on the test, in subsequent interviews. This could be overcome in a replication by seeing that there were equal numbers of student counselors and clients.

One of the writer's expressed interests which was not fulfilled in this study was the use of the testing instrument at a six-month post-post ad hoc, to measure the maintenance of gains made in self disclosure and empathy as the results of the human relations laboratory, and measure the change as it relates to other parts of the curriculum. This study is limited by the fact that the testing of the criterion variables was done only once pre- and post. Not only would the reliability of the instrument be checked if the testing had been done at a later date with the same subjects, but an indication of growth maintained could have been reported.

The tests were administered at the beginning of the school year, before any students of the first year had any theoretical knowledge of, or experiential training in the skills of interpersonal relationships. Questioning their own potential as helpers may have resulted in concern to be seen as interpersonally sophisticated. This anxiety would presumably have been less had they received training in facilitating functions and had regular feedback been an integral part of the students' training program. On the other hand the naivete' could have been a more unbiased set of data.

In conclusion the results of this study were modest but worthwhile and could have been improved with more experienced group leaders and rigorous research methodology.

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APPENDIX A

SELF DISCLOSURE QUESTIONS

Name _____

Date _____

INSTRUCTIONS

A series of questions are addressed to you on the following pages. They are concerned with features of your life that are generally regarded as intimate and personal, the kind of thing people will confide to another person when they really want that other person to know them.

This is a study of patterns of self disclosure. I want to explore people's willingness to make themselves known to others. I am interested in knowing the extent to which you are willing to let other participants in this project know your personal characteristics. The statements that you make will have no relation to what will take place in the following parts of the project.

These questionnaires will be seen only by the researcher and will be destroyed as soon as the data is recorded on the data sheets. The research is meaningless if you do not truthfully describe the material that you are willing to disclose and not willing to disclose.

The questionnaire calls for you to rank a number of items from 1 (LEAST WILLING) to 5 (MOST WILLING) in terms of your willingness to let others know your personal characteristics.

YOU ARE NOT TO ANSWER THE QUESTIONS, ONLY RANK YOUR WILLINGNESS TO DISCLOSE THIS INFORMATION.

EXAMPLE

What teacher do you like best? 1 2 3 4 5

Circling 1 means that you are not at all willing to tell others who he is.

What teacher do you like best? 1 2 3 4 5

Circling 5 means that you are most willing to tell others who he is.

NO TIME LIMIT

PLEASE ANSWER ALL QUESTIONS.

1. What are your views on the way a husband and wife should live their marriage? 1 2 3 4 5
2. What are your usual ways of dealing with depression, anxiety and anger? 1 2 3 4 5
3. What are the actions you have most regreted doing in your life and why? 1 2 3 4 5
4. What are your personal religious views and the nature of your religious participation if any? 1 2 3 4 5
5. What are the ways in which you feel you are most maladjusted or immature? 1 2 3 4 5
6. What are your guiltiest secrets? 1 2 3 4 5
7. What are your personal views on politics, the prime minister, foreign and domestic policy? 1 2 3 4 5
8. What are the habits and reactions of yours which bother you at present? 1 2 3 4 5
9. What are the sources of strain and dissatisfaction in your marriage (or your relationship with the opposite sex)? 1 2 3 4 5
10. What are your favorite forms of erotic play and sexual lovemaking? 1 2 3 4 5
11. What are your hobbies; how do you like to spend your spare time? 1 2 3 4 5
12. What were the occasions in your life in which you were the happiest? 1 2 3 4 5
13. What are the aspects of your daily work that satisfy you and bother you? 1 2 3 4 5
14. What characteristics of yourself give you cause for pride and satisfaction? 1 2 3 4 5
15. Who are the persons in your life whom you most resent; why? 1 2 3 4 5

16. Who are the people with whom you have been sexually intimate. What were the circumstances of your relationship with each? 1 2 3 4 5
17. What are the unhappiest moments in your life; why? 1 2 3 4 5
18. What are your preferences and dislikes in music? 1 2 3 4 5
19. What are your personal goals for the next 10 years or so? 1 2 3 4 5
20. What are the circumstances under which you become depressed and when your feelings are hurt? 1 2 3 4 5
21. What are your most common sexual fantasies and reveries? 1 2 3 4 5

APPENDIX B

SELF DISCLOSURE QUESTIONNAIRE

Name _____

Date _____

A series of questions is addressed to you on the following pages. They are concerned with features of your life that are generally regarded as intimate and personal, the kind of thing people will confide to another person when they really want that other person to know them.

This is a study of patterns of self disclosure. I want to explore people's willingness to make themselves known to others. I am interested in knowing the extent to which you are willing to let others know your personal characteristics.

These questionnaires will be seen only by the researcher and will be destroyed as soon as the data is recorded on the data sheets. The research is meaningless if you do not truthfully answer the items. In order to preserve anonymity you are asked to use the initials of your mother's maiden name.

The questionnaire calls for you to indicate by a check mark if you have or have not recalled this information to some significant group member and your willingness to disclose this information to significant members in your group.

Example:

	Have	Have Not	Willing	Not Willing
My favourite reading matter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

1. Indicate whether or not you have told a significant group member this material.
2. Indicate whether or not you are willing to disclose this to a significant member in your group.

NO TIME LIMIT

PLEASE ANSWER ALL QUESTIONS

1. What I think and feel about religion; my personal religious views.
2. My personal opinions and feelings about other religious groups than my own; e.g., Protestants, Catholics, Jew, atheists.
3. My views on communism.
4. My views on the present government - the prime minister, government policies, etc.
5. My views on the question of racial integration in schools, transportation, etc.
6. My personal views on drinking.
7. My personal views on sexual morality - how I feel that I and others ought to behave in sexual matters.
8. My personal standards of beauty and attractiveness in women - what I consider to be attractive in a woman.
9. The things that I regard as desirable for a man to be - what I look for in a man.
10. My feeling about how parents ought to deal with children.
11. My favorite foods, the ways I like food prepared, and my food dislikes.
12. My favorite beverages and the ones I don't like.
13. My likes and dislikes in music.
14. My favorite reading matter.
15. The kinds of movies that I like to see best; the TV shows that are my favorites.
16. My tastes in clothing.
17. The style of house, and the kinds of furnishings that I like best.
18. The kind of party, or social gathering that I like best, and the kind that bore me, or that I wouldn't enjoy.
19. My favorite ways of spending spare time, e.g., hunting, reading, cards, sports events, parties, dancing, etc.
20. What I would appreciate most for a present.
21. What I find to be the worst pressures and strains in my work.
22. What I find to be the most boring and unenjoyable aspects of my work.
23. What I enjoy most, and get the most satisfaction from in my present work.
24. What I feel are my shortcomings and handicaps that prevent me from working as I'd like to, or that prevents me from getting further ahead in my work.
25. What I feel are my special strong points and qualifications for my work.
26. How I feel that my work is appreciated by others (e.g., boss, fellow-workers, teacher, husband, etc.).
27. My ambitions and goals in my work.
28. My feelings about the salary or regards that I get for my work.
29. How I feel about the choice of career that I have made - whether or not I'm satisfied with it.

30. How I really feel about the people that I work for, or work with.
31. How much money I make at my work, or get as an allowance.
32. Whether or not I owe money; if so, how much.
33. Whom I owe money to at present; or who I have borrowed from in the past.
34. Whether or not I have savings, and the amount.
35. Whether or not others owe me money; the amount, and who owes it to me.
36. Whether or not I gamble; if so, the way I gamble, and the extent of it.
37. All of my present sources of income - wages, fees, allowance, dividends, etc.
38. My total financial worth, including property, savings, bonds, insurance, etc.
39. My most pressing need for money right now, e.g., outstanding bills, some major purchase that is desired or needed.
40. How I budget my money - the proportion that goes to necessities, luxuries, etc.
41. The aspects of my personality that I dislike, worry about, that I regard as a handicap to me.
42. What feelings, if any, that I have trouble expressing or controlling.
43. The facts of my present sex life - including knowledge of how I get sexual gratification; any problems that I might have; with who I have relations, if anybody.
44. Whether or not I feel that I am attractive to the opposite sex; my problems, if any, about getting favorable attention from the opposite sex.
45. Things in the past or present that I feel ashamed and guilty about.
46. The kinds of things that make me just furious.
47. What it takes to get me feeling real depressed or blue.
48. What it takes to get me real worried, anxious and afraid.
49. What it takes to hurt my feelings deeply.
50. The kinds of things that make me especially proud of myself, elated, full of self-esteem or self-respect.
51. My feelings about the appearance of my face - things I don't like, and things that I might like about my face and head - nose, eyes, hair, teeth, etc.
52. How I wish I looked; my ideals for overall appearance.
53. My feelings about different parts of my body - legs, hips, waist, weight, chest, or bust, etc.
54. Any problems and worries that I had with my appearance in the past.
55. Whether or not I now have any health problems. e.g., trouble with sleep, digestion, female complaints, heart condition, allergies, headaches, piles, etc.

56. Whether or not I have any long-range worries or concerns about my health, e.g., cancer, ulcers, heart trouble.
57. My past record of illness and treatment.
58. Whether or not I now make a special effort to keep fit, healthy and attractive, e.g., calisthenics, diet.
59. My present physical measurements, e.g., height, weight, waist, etc.
60. My feelings about my adequacy in sexual behavior - whether or not I feel able to perform adequately in sex-relationships.

SELF DISCLOSURE QUESTIONNAIRE ANSWER SHEET

NAME _____

ITEM NO.	HAVE	HAVE NOT	WILLING	NOT WILLING
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

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APPENDIX C

RELATIONSHIP QUESTIONNAIRE

Name _____

People feel differently about some people than they do about others. There are a number of statements below that describe a variety of ways that one person may feel about another person, or ways that one person may act toward another person. Consider each statement carefully and decide whether it is true or false when applied to your present helping relationship with your helper. If the statement seems to be mostly true, then mark it true; if it is mostly not true, then mark it false.

- T F 1. He understands me.
- T F 2. He understands my words but does not know how I feel.
- T F 3. He may understand me but he does not know how I feel.
- T F 4. He understnads exactly how I see things.
- T F 5. Sometimes he will argue with me just to prove he is right.
- T F 6. He often misunderstands what I am trying to say.
- T F 7. He ignores some of my feelings.
- T F 8. He can read me like a book.
- T F 9. Sometimes he is so much "with me", in my feelings, that I am not at all distracted by his presence.
- T F 10. He knows more about me than I do about myself.
- T F 11. He usually helps me to know how I am feeling by putting my feelings into words for me.
- T F 12. Even when I cannot say quite what I mean, he knows how I feel.
- T F 13. He seems to follow almost every feeling I have while I am with him.
- T F 14. He must understand me, but I often think he is wrong.
- T F 15. Sometimes he is so much "with me" that with only the slightest hint he is able to accurately sense some of my deepest feelings.
- T F 16. He usually uses just the right words when he tries to understand how I am feeling.
- T F 17. Whatever he says usually fits right in with what I am feeling.
- T F 18. I often cannot understand what he is trying to tell me.
- T F 19. He sometimes pretends to understand me, when he really does not.
- T F 20. He sometimes seems more interested in what he himself says than in what I say.
- T F 21. He often leads me into talking about some of my deepest feelings.
- T F 22. He usually knows exactly what I mean, sometimes even before I finish saying it.
- T F 23. He helps me know myself better by sometimes pointing to feelings within me that I had been unaware of.
- T F 24. He sometimes completely understands me so that he knows what I am feeling even when I am hiding my feelings.

- T F 25. When he sees me he seems to be "just doing a job."
- T F 26. I can learn a lot about myself from talking with him.
- T F 27. He sometimes cuts me off abruptly just when I am leading up to something very important to me.
- T F 28. He never knows when to stop talking about something which is not very meaningful to me.
- T F 29. He constantly reminds me that we are friends though I have a feeling that he drags this into the conversation.
- T F 30. There are lots of things I could tell him, but I am not sure how he would react to them, so I keep them to myself.
- T F 31. He often points out what a lot of help he is giving me even though it doesn't feel like it to me.
- T F 32. He sometimes tries to make a joke out of something I feel really upset about.
- T F 33. He uses the same words over and over again, till I'm bored..
- T F 34. If I had a chance to choose a different helper I would.
- T F 35. I think he is dumb.
- T F 36. Usually I can lie to him and he never knows the difference.
- T F 37. I don't think he knows what is the matter with me.
- T F 38. He probably laughs about the things that I have said to him.
- T F 39. He knows what it feels like to be ill.
- T F 40. There are times when I don't have to speak, he knows how I feel.
- T F 41. There are times when he is silent for long periods, and then says things that don't have much to do with what we have been talking about.
- T F 42. He interrupts me whenever I am talking about something that really means a lot to me.
- T F 43. He must think life is easy the way he talks about my problems.
- T F 44. He often makes me feel stupid the way he uses strange and big words.
- T F 45. Even though he pays attention to me, he seems to be just another person to talk with, an outsider.
- T F 46. He will talk to me, but otherwise he seems pretty far away from me.

APPENDIX D

SCHOOL OF NURSING
ALBERTA HOSPITAL, PONOKAHUMAN RELATIONSTHE COURSE:

This course has been designed as a practicum with the intent of facilitating the participants learning through active involvement in the interpersonal relationships, exercises and projects slotted into the available time period.

Human Relations Laboratory is scheduled to run from Sunday, to Friday, inclusive. This course will follow a group process design with initiating, building and terminating phases.

Human Relations is a separate course within the first year Psychiatric Nursing Program and as such is a required course for completion of the two-year P.N. program.

COURSE OBJECTIVE

To provide the opportunity for the participants to actively increase their knowledge and skills in the areas of personal growth and facilitative abilities in relation to self and others.

SPECIFIC OBJECTIVES

To provide learning experiences focused upon -

1. Increasing the participants awareness and understanding of how his/her individual styles of feeling, thinking and acting influences others.
2. Increasing the participants awareness and understanding of how he/she adjusts to his/her affective and cognitive experiences and subsequently integrates this within his/her lifestyle.
3. Encouraging the participants to expand his/her facilitative skills needed in developing helpful relationships with others.
4. Expanding the participants awareness of alternate perceptual, conceptual and reactional patterns available to him in his/her relationship with self and others.

5. Providing a conceptual model which may be applied in understanding how groups develop, function and change in relation to personal, interpersonal and group behaviors.

METHODOLOGY

The personal growth and facilitative skills generated by this course are based on the data generated by the social interaction occurring throughout the process. Each individual is responsible for providing interpersonal input and for making extrapolations for his/her own learning.

THE CONTRACT

The participants are asked to make a contract with each other in order to provide a structure aimed at encouraging maximum learning.

POINTS IN THE CONTRACT

1. Points relating to communication:

- a) all communication should be as open and honest as can be.
- b) anything happening outside the group must be available to the group.
- c) pay close attention to the physical messages you are receiving from within yourself.
- d) concentrate on feelings rather than ideas.
- e) stay with the here and now.

2. Points relating to the physical self:

- a) some group sessions will be conducted sitting on pillows in sections of the camp designated for this purpose.
- b) eating during group sessions is discouraged unless it is a decision of the whole group (more explanation will be given re this).
- c) re: cigarettes - if you are going to smoke during group sessions, be aware of the reason for doing so, e.g. reduce anxiety that could be more profitably used in the group session.
- d) re: drugs - the use of drugs of any kind and/or alcohol is strictly prohibited during group sessions.
- e) it is the individuals decision to participate or not in particular physical activities which occur.

3. Points to foster personal responsibility:

- a) one is encouraged to make statements rather than to ask questions.
- b) instead of using "cannot", say, "I won't" - ownership of words.

- c) "I don't know" is discouraged as it usually signifies one is afraid of looking into this further.
- d) talk directly to the person being addressed - develop good attending behavior.
- e) attempt to keep your communication specific - and help others do so by clarification.
- f) no-feeling words are discouraged, e.g. curious, strange.
- g) if something is happening that you don't like, you are responsible to do something about it.
- h) if you are experiencing boredom and other negative feelings, explore the significance for you.
- i) express any insights or perceptual changes experienced as they occur.

4. Points regarding responsibilities to the course:

- a) each individual must make his own commitment to attend the course.
- b) participants are asked to work through the whole experience, however, if someone decides to leave they are free to do so after discussing it thoroughly with one of the resource persons.
- c) those participants committing themselves to the course are required to remain at camp and participate in the entire process - any alternate arrangements must be made with the group trainer.
- d) extenuating circumstances will be dealt with by a selected committee of participants.

THINGS TO REMEMBER

Each participant is responsible for -

- 1. providing his/her own sleeping bag, bedding and personal toiletries.
- 2. assisting in making meals.
- 3. the orderly maintenance of the camp.
- 4. the clean-up of the camp upon the termination of the experience.

Groups will be randomly selected Sunday evening and randomly attached to facilitators.

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